



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES
Elevator Section
PO Box 44480 Olympia, Washington 98504-4480
(360) 902-6130 Fax (360) 902-6132
Web site: <http://www.wa.gov/lni/elevators>

Dear Building Official:

This form brings to your department's attention that the conveyance listed below is proposed for installation in an existing building within your jurisdiction. Your approval of this form is required and will accompany the installer's Installation Application. If you have any regulations that would prohibit this installation, please notify the installer, and do not approve this form.

- _____ Inclined Wheelchair Lift
_____ Vertical Wheelchair Lift (the travel shall not exceed 12 ft. nor penetrate a floor. ASME A17.1 Rule 2000.7a.
_____ Inclined Chair Lift
_____ Limited use/limited application (LULA) elevator* (does NOT meet accessibility requirements)

All conveyances shall be installed to code. Any deviation from the code shall require a variance from the Department of Labor and Industries Elevator Section prior to a permit being issued.

_____ Installer	() _____ Telephone Number
_____ Location name (for conveyance)	() _____ Telephone Number
_____ Street Address	_____ City, State, Zip code

ACKNOWLEDGED BY:

● **Approved**

● **Not approved**

_____ Signature of Building Official	_____ Please print name of official
_____ Title	_____ Date
	() _____ Telephone Number

*** NOTE TO BUILDING OFFICIAL:** The elevator section will approve LULA elevators in existing churches and private clubs that are not required to be accessible per WAC-51-40-1105 and 51-40-1109. If this application is for a LULA installation in any other type of building, please notify the Elevator Technical Specialist or the Chief Elevator Inspector before approving this application.

If you have any questions, please contact us at the letterhead address or telephone number.